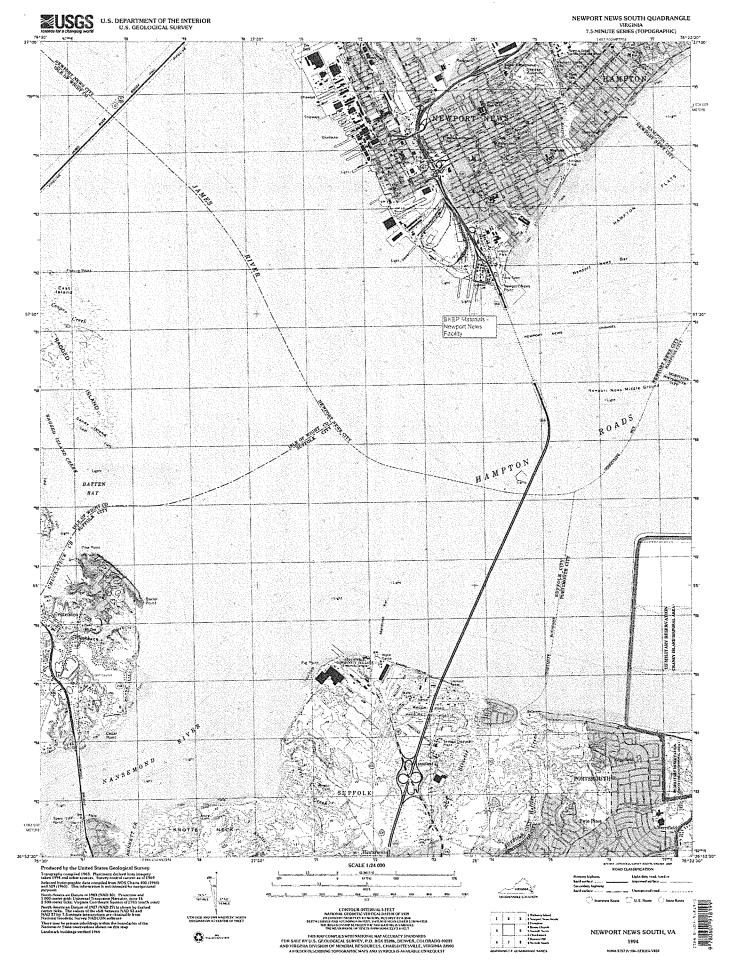
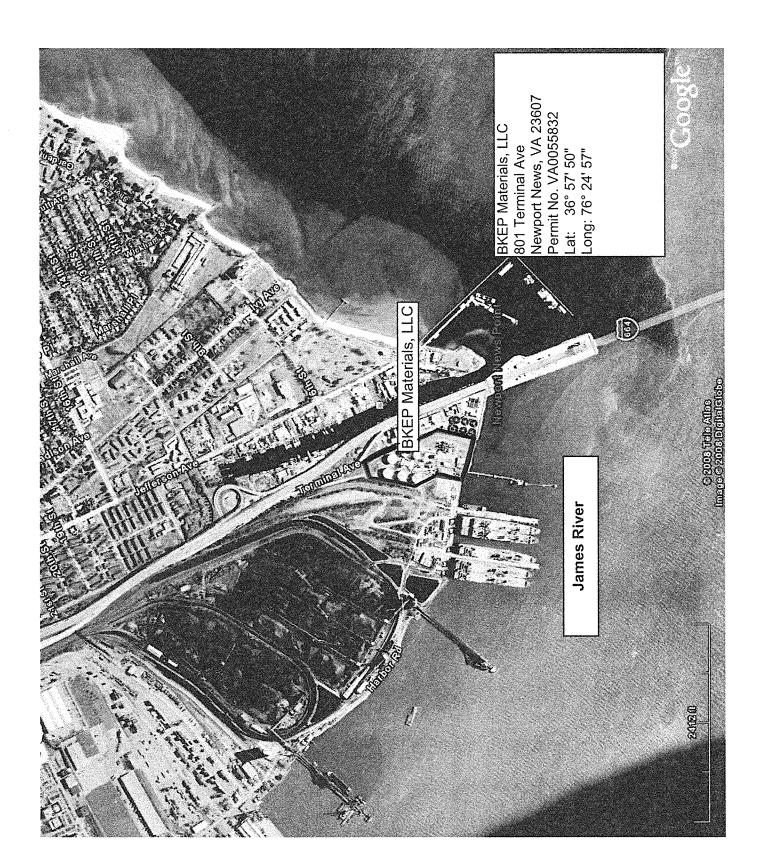
FORM	GENERAL INFORMATION						Form Approved. OMB No. 2040-0086.  I. EPA I.D. NUMBER					
1 SEPA												
GENERAL		Consolidated Permits Program (Read the "General Instructions" before starting.)						VA0055832			7/A	Ŧ
LABEL ITEM:	3					ejore starting.)	ī	2			A 13 14	+
							lf a	GENERAL INSTE		م دید	fiv it is	,
I. EPA I.D. NUMBI					is incorrect, cross through it and notes the							
III. FACILITY NAME		PLEAS	E PL	ACE LA	AREL IN TE	IIS SPACE	is at	sent Ithe area to the left of	if any	of the pr	eprinted	d
V. FACILITY MAILI	VG				DEC III II	IIO GFACE	fill-in	area(s) helow if the label is	ase p	ovide it	in the p	rop
ADDRESS							must	be completed regardless! C-	and V	(excep	t VI-B	vhi
VI. FACILITY LOCA	ΓΙΟΝ											
II. POLLUTANT CHARA	ACTERISTIC	S						riptions and for the legal authoris collected.	orizatio	ns und	er which	ı ti
INSTRUCTIONS: Com	plete A throu	igh J to determine whether	er voi	L pood :	o oub-it-							
submit this form and the you answer "no" to each instructions. See also,	e supplemer h question, y Section D of t	ntal form listed in the pare ou need not submit any c the instructions for definiti	enther of thes	sis follo se form of <b>bold</b> -	wing the questions. You may	ny permit application forms to the destion. Mark "X" in the box in to answer "no" if your activity is exact.	e EP. he thi	A. If you answer "yes" to a rd column if the suppleme ed from permit requirement	ny qu ntal fo is; see	estions orm is a Section	, you nattache on C of	d t
SPE	CIFIC QUEST	TIONS	YES	Mar	FORM				Т	Mari	k "Y"	
A. Is this facility a nub	ich owned	**************************************	-	"	ATTACHED	SPECIFIC			YES	NO	FOR	М
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		of the U.S.? (FORM 2A)		X		B. Does or will this facility	(eithe	er existing or proposed)	<del> </del>		ATTAC	H
			16	ļ.,		aquatic animal production	inima	If feeding operation or		X		
C. Is this a facility which currently results in discharges to			16	17	18	and that ge to waters of the	U.S.	? (FORM 2B)	19	20	21	
waters of the U.S. other than those described in A or B above? (FORM 2C)			X			D. Is this a proposed facility (control or B above) which will resu	ther i	than those described in A				_
. Does or will this f	acility treat	Pioro os diamento	22	23	24	THE O.S.: (FORIVI 2D)						
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		F. Do you or will you inject	tat	this facility industrial or	25	26	27	-	
						containing, within one gu	v th	le lowermost stratum		X		
6. Do you or will you inject at this facility any produced water		28	29	30	anderground sources of drir	iking '	water? (FORM 4)	31	32	33	_	
					H. Do you or will you inject a	t this	facility fluids for special	- 3.	-32	33	-	
inject fluids used for enhanced regularization,			solution mining of mine				or sulfur by the Frasch process,					
gas, or inject fluids f (FORM 4)	or storage o	f liquid hydrocarbons?				fuel, or recovery of geothern	nal en	ergy? (FORM 4)				
	ed stationer		34	35	36							_
<ul> <li>Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air</li> </ul>				J. Is this facility a proposed stationary source which NOT one of the 28 industrial categories listed in the instructions and which will					37	38	39	
pollutant regulated unr	emit 100 tor fer the Class	Air Ant and any air		$\Delta$		instructions and which will	iriai (	categories listed in the		$\mathbf{v}$		
or be located in an atta	inment area	? (FORM 5)	40	41	42							
NAME OF FACILITY			CONTRACTOR OF THE PARTY OF THE			and may affect or be local (FORM 5)	lea ir	an attainment area?	43	44	45	_
											7	
BKEP Ma	terials	s, LLC - Newpo	rt'	New	s Faci	lity			T			
FACILITY CONTACT			Ottober State of Stat									
THOILTH CONTACT		A NAME OF THE CO.							69			
Cach Walla	7 ] 1.	A. NAME & TITLE (last, fi	rst, &	title)	<del></del>		B. PI	HONE (area code & no.)				100
Cash, Wally	- Faci.	Lity Manager	,	' '	1 1 (		57)		1.5			-
ACILTY MAILING ADD	RESS B		es de men			45 46	48	49 51 52- 55	-	Name of the Owner, where the Person of the P	j inda	
	11200	A. STREET OR P.O.	nov									10000
801 Terminal			TO		ГТ	<del></del>		/ ''EUF	110	<u> </u>		1
16 TELLITIAL	Avenue				' ' '				ACT	ノー	DEO	
		B. CITY OR TOWN				45		Den			JEU	
Newport News	<del>                                      </del>	B. CITT OR TOWN				C. STATE D. Z	IP C	DDE	19	20110		=
Memborr Mems			ı	' '	1 1 1	VA 2360	7	Tidewa.		-vij		
FACILITY LOCATION						40 41 42 47		51 1919	Rec	ria.		Á
	STREET R	OUTE NO. OR OTHER S						DDE Tidewater		<u>uun-</u>	4	-
801 Terminal		OUTE NO. OR OTHER S	TT	IFIC ID	ENTIFIER						7	1888
6 TCIMINAL	Avenue			, ,	1 1 1				Parameter Section 1988	and the same of th		
		P. 00111				45						
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		CITY OR TOWN					-					1
Jewport News	TTT-	. CITY OR TOWN		T	ТТТ	D. STATE E. ZII		DE F. COUNTY CODE	(if kn	own)		,

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority)	
A. FIRST  (specify) Petroleum Bulk Station and Terminals - Storage,	B. SECOND    C     (specify) Asphalt Paving Block and Mixtures - Asphalt emulsion
5171 blending, and wholesale of asphalt and fuel products	[7] [2951] (specify) Asphalt Paving Block and Mixtures - Asphalt emulsion production
15 16 - 19	15 16 - 19
C. THIRD	D. FOURTH
(specify)	c       (specify)
15 16 19	15 16 - 19
VIII. OPERATOR INFORMATION	
A. NAME	B. Is the name listed in Item
8 BKEP Materials, LLC	VIII-A also the owner?
15 16	☑ YES □ NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the	
F = FEDERAL S = STATE M = PUBLIC (other than federal or state) P	70007
P = PRIVATE O = OTHER (specify)	
56	15 5 - 18 19 - 21 22 - 26
E. STREET OR P.O. BOX	
6120 S. Yale Ave, Suite 500	
26	55
F, CITY OR TOWN	G. STATE H. ZIP CODE IX. INDIAN LAND
B Tulsa	OK 74136 DIVES 7 NO
15 16	
L	40 41 42 47 - 51
X. EXISTING ENVIRONMENTAL PERMITS	
	missions from Proposed Sources)
9   P	
15   16   17   18   30   15   16   17   18   B. UIC (Underground Injection of Fluids)	30 T T T T T T T T T T T T T T T T T T T
C T   C   T	E. OTHER (specify)
9 0	(specify)
15 16 17 18 30 15 16 17 18	30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
CTI	(specify)
9 R VAD093558542 9	
15 16 17 18 30 15 16 17 18	30
XI. MAP	
Attach to this application a topographic map of the area extending to at least on	e mile beyond property boundaries. The map must show the outline of the facility, the
I location of each of its existing and proposed intake and discharge structures, each	of its hazardous waste treatment, storage, or disposal facilities, and each well where it
injects fluids underground. Include all springs, rivers, and other surface water bodie	in the map area. See instructions for precise requirements.
XII. NATURE OF BUSINESS (provide a brief description)	
The Terminal receives asphalt and fuels by barge/ship a	nd truck. The facility consists of a bulk aboveground
storage tank farm for asphalt and fuels storage, and a	asphalt emulsion production tank farm area Asphalt and
fuels are shipped by barge/ship or truck. Asphalt emul	sions are shipped by truck only.
XIII. CERTIFICATION (see instructions)	
	the information submitted in this application and all attachments and that, based on my
Inquiry of those persons immediately responsible for obtaining the information con-	ained in the application. I believe that the information is true, accurate, and complete 1
am aware that there are significant penalties for submitting false information, includi	ng the possibility of fine and imprisonment.
A. NAME & OFFICIAL TITLE (type or print)  B. SIGNATUR	
Jeffery A Speer	,, ,, ,,
Chief Operations Officer	Sty H. Spen 12-16-2013
<u> </u>	
COMMENTS FOR OFFICIAL USE ONLY	





DRAWN BY: AMA

FACILITY TANKS, BUILDINGS, AND SEWER LINE EXHIBIT III-11